

MEDICAL EMERGENCY SITUATIONS

If the Spring Valley School Employee(s), Teacher(s), or School Nurse(s) determine(s) that your child has become ill or injured at school (other than minor problems) you will be contacted as soon as possible. In an emergency situation where parents or guardians are unavailable, your child will be taken to an appropriate clinic or hospital for treatment.

We give consent for the treatment and for our insurance company to be billed.

Our primary medical clinic is _____

Parent's Signature _____ Date _____

EMERGENCY CONTACT NUMBERS IN CASE PARENTS/GUARDIANS CANNOT BE REACHED

NAME: _____ 1st PHONE: _____

2nd PHONE: _____

NAME: _____ 1st PHONE: _____

2nd PHONE: _____

MEDICAL INFORMATION

ALLERGIES: _____

MEDICATION *ROUTINELY* TAKEN: _____

MEDICAL CONDITIONS: _____

AFTER SCHOOL INFORMATION

Does your child go to a babysitter on a regular basis? ___ Yes ___ No

If yes, please answer the following:

Name: _____ Phone: _____

Schedule for babysitter: _____

Other siblings attending school: (Include name and grade)

CENSUS INFORMATIION

Please complete for young children who have not yet attended school.

<u>NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

IF ANY OF THE INFORMATION ON THIS SHEET SHOULD CHANGE, PLEASE CONTACT THE SCHOOL ASAP SO THE INFORMATION MAY BE KEPT UP TO DATE.

THANK YOU.

(OVER)

Revised 08

SPRING VALLEY STUDENT HEALTH INFORMATION

STUDENT'S FULL NAME _____ DOB _____

Has your child had a serious illness and/or injury? (Please describe and include the date)
 Hospital: _____ Date: _____ Condition: _____

Does your child have:

Condition	Yes	No	Describe:
Attention Deficit Disorder			
Asthma			Treatment:
Seasonal Allergies			
Bee sting or insect allergy			
Food allergy			Food: Treatment:
Behavior concerns			
Mental health concerns			
Birth defects			
Blood disorder			
Dental problems			
Diabetes			
Frequent headaches			
Hearing problems			
Heart condition			
Orthopedic problem			
Seizures			What kind of seizure?: Treatment:
Toileting accidents and/or frequent urination			
Vision problem			
Other chronic condition			

**If your child currently has allergies, does he/she require an EPI-pen? YES NO
 **If your child currently has asthma, does he/she require an inhaler or nebulizer? YES NO

Note: An Allergy Action plan, Asthma Action Plan, and Seizure Action Plan are **required** for all students with those health conditions. These forms will be sent to you by the School Nurse and **must** be filled out and signed by both your child's physician and a parent or guardian.

Primary Physician: _____ Clinic: _____
Clinic address: _____ Phone: _____

Family Dentist: _____ Clinic: _____
Clinic address: _____ Phone: _____

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Medication:

A Nonprescription Medication Form must be completed and returned to the Health Office along with any nonprescription medication, in its original container. This form can be found on our District Website.

A Prescription Medication Form must be completed and returned to the Health Office along with any prescription medications. This form requires both a physician and parent signature. This form can be found on our District Website. Medication must be dropped off by a parent and be in its original container.

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____
Phone: _____

I hereby authorize the District Nurse, Health Assistant, Administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician is not available (as listed) then an alternate physician may be contacted in an emergency. In case of a serious medical emergency or illness, 911 will be called. I authorize the release of any health information to the school district employees when necessary for the safety and educational benefit of my child.

Signature (Parent/Guardian): _____ Date: _____

Please contact the District School Nurse (715-778-5554 ext 2102) for any special health concern or change in health condition.

Spring Valley School District

Home of The Cardinals

1. Within the last 3 years, have you or anyone in your household moved for any reason?

YES ___ NO _____

2. Are you working or have you ever worked in agriculture in the last three years?

Yes ___ No ___

If you answered **NO** to either of these questions, please stop.

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States?

Month _____ Year _____

4. Please check any of the agricultural activities listed below that you have looked for or worked in:

_____ Plant or harvest vegetables or fruits

_____ Canning vegetables or fruits

_____ Detassel corn

_____ Sod farm

_____ Tobacco farm

_____ Planting, pruning or cutting trees

_____ Poultry and/or egg farm

_____ Dairy farm

_____ Duck, turkey, chicken, pork or beef processing plant

_____ Flora culture/gladiola farm

_____ Aquaculture/fish hatcheries

_____ Green house or plant nursery

Spanish translation copy

1. ¿Durante los últimos 3 años, se ha mudado usted o alguien de su familia por alguna razón?

SÍ _____ NO _____

2. ¿Trabaja o ha trabajado en la agricultura en los últimos tres años?

SÍ _____ NO _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.

Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o alguien de su familia se mudó para buscar o trabajar en una actividad agrícola dentro de los Estados Unidos?

Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

_____ Matadero de patos, pavos, pollos, cerdos o vacas

_____ Enlatar o congelar verduras o frutas en la bodega

_____ La espiga (maíz)

_____ Trabajar en la siembra o cosecha de césped

_____ Cultivar tabaco

_____ Plantar, emparejar o cortar árboles

_____ Pollería o granja de huevos

_____ Granja de vacas lecheras

_____ Plantar o cosechar verduras o frutas

_____ Cultivar y cosechar flores

_____ Trabajar en un criadero de peces

_____ Trabajar en la cría de plantas